



CITY OF MILWAUKEE | OFFICE OF EQUITY & INCLUSION  
FORM A – CONTRACTOR COMPLIANCE PLAN

This compliance plan must be completed in its entirety and is a required submission with an Invitation to Bid or a Request for Proposal (RFP) if the solicitation includes an SBE requirement and/or if a Proposer is seeking to earn SBE bonus points as it relates to an RFP. **Additionally, in order to qualify, an active (non-expired) certificate confirming Small Business Enterprise (SBE) certification issued by the City of Milwaukee Office of Equity and Inclusion for each SBE firm must accompany this form. The SBE firm must be certified at the time of bid opening and/or RFP closing.**

I. GENERAL INFORMATION ( REQUIRED)

Bid/RFP # \_\_\_\_\_ Total SBE % \_\_\_\_\_ Total proposed Bid/RFP amount \$ \_\_\_\_\_

Description of SBE Firm Participation

II. PRIME CONTRACTOR INFORMATION (REQUIRED)

Contractor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Prime Contractor City of Milwaukee SBE certified? Yes \_\_\_\_\_ No \_\_\_\_\_

III. ACKNOWLEDGEMENT (REQUIRED)

I certify that the information included in this Compliance Plan is true and complete to the best of my knowledge. I further understand and agree that this compliance plan is a condition of my Bid/RFP responsiveness. **Failure to submit this form with my response and/or meet the specified SBE requirements may render the Bid/RFP unresponsive.**

Name of Authorized Representative \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

FOR STAFF USE ONLY

SBE Firm(s) providing service/commodity consistent with NAICS Code(s) and Prime's scope of service? Yes \_\_\_\_\_ No \_\_\_\_\_

SBE certification(s) verified? Yes \_\_\_\_\_ No \_\_\_\_\_

Staff Name \_\_\_\_\_ Staff Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_



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List all subcontractor information in its entirety, identifying the Contractor's SBE designation. Individual subcontractor SBE percentages should equal the overall participation as listed on Page 1. Please visit the following website to access the list of City of Milwaukee SBE certified firms: <https://milwaukee.diversitycompliance.com/>

IV. SUBCONTRACTOR INFORMATION

Contractor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Subcontractor SBE-certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify the proposed commodity or service, award amount and contract percentage the subcontractor will fulfill.

Proposed award amount \$ \_\_\_\_\_ Percentage of contract \_\_\_\_\_ %  
Work performed/materials provided \_\_\_\_\_  
Name of Owner/Representative \_\_\_\_\_  
Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

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Contractor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Subcontractor SBE-certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Please identify the proposed commodity or service, award amount and contract percentage the subcontractor will fulfill.

Proposed award amount \$ \_\_\_\_\_ Percentage of contract \_\_\_\_\_ %  
Work performed/materials provided \_\_\_\_\_  
Name of Owner/Representative \_\_\_\_\_  
Signature of Owner/Representative \_\_\_\_\_ Date \_\_\_\_\_

**If you need to provide additional subcontractor information, please duplicate this page as needed.**